



## **WATER/SEWER SERVICE APPLICATION**

CITY OF ARCHDALE  
307 BALFOUR DRIVE  
P.O. BOX 14068  
ARCHDALE, NORTH CAROLINA 27263  
PHONE: (336) 431-9141 FAX: (336) 431-9140

**\*PLEASE PRINT CLEARLY**

**\*APPLICANTS MUST APPLY IN PERSON & PRESENT GOVERNMENT ID**

DATE SERVICE REQUESTED: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
LAST NAME FIRST

CO APPLICANT: \_\_\_\_\_  
LAST NAME FIRST

SERVICE ADDRESS: \_\_\_\_\_  
(Customers who live outside City limits will pay double rates. Please ask if you are unsure.)

MAILING ADDRESS: \_\_\_\_\_  
(If different from above)

PREVIOUS ADDRESS: \_\_\_\_\_

DO YOU OWN YOUR OWN HOME? ☐ YES ☐ NO NUMBER OF APPLICANTS: \_\_\_\_\_

MORTGAGE COMPANY/LANDLORD: \_\_\_\_\_ ACCOUNT DRAFT? ☐ YES ☐ NO

PLEASE INDICATE: \_\_\_\_\_ Residential \_\_\_\_\_ Apartment \_\_\_\_\_ Retail Business  
\_\_\_\_\_ Office \_\_\_\_\_ Industrial

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FOR BUSINESS ONLY  
TAX ID NUMBER: \_\_\_\_\_

\*(Deposits do not pay interest.)

\*(There is an additional utility deposit required from applications that choose not to provide a social security number.)

\*(This could be used for fraud prevention and collection purposes.)

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SIGNATURE

DATE

\*Pursuant to 42 U.S.C. 405 (c)(2)(C)(i), Personal information collected by the City of Archdale will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information be shared, sold or otherwise made available for public inspection. The disclosure of an applicant's social security number is voluntary.